



DIXIE SCHOOL DISTRICT

380 NOVA ALBION WAY
SAN RAFAEL, CA 94903
TEL: 415-492-3700
FAX: 415-492-3707

IMPORTANT NOTICE

DATE: February 5, 2010
TO: Parents of Fifth Graders
FROM: Judith Arrow, Director of Educational Services
Patty Elliot, Principal, Dixie School
Jeanne Casella, Principal, Mary E. Silveira School
Betty Jordan, Principal, Vallecito School

As part of the Dixie School District’s science and health program, the fifth grade teachers will teach a unit on human maturation and reproduction. The intent of the program is to provide your child with an accurate understanding of puberty and lay a foundation for an effective school-based Family Life program that will be continued at the middle school. The program is also offered at this time to help prepare students for the accelerated growth period they are entering and to address personal hygiene appropriate to their age.

We also realize some children at this age level may have acquired misinformation about these topics. The students will also see and discuss video materials that describe adolescent growth and development as well as AIDS. To broaden the children’s understanding, we will present factual scientific information, answer questions, and lead topical discussions with the boys and girls together.

NOTE: Before your child can participate in the program, you must sign the form below and return it to your child’s school/teacher. Alternative activities will be provided if you do not want your child to participate in the program. **This form is due by Monday, March 22, 2010. This form must be returned regardless of whether you choose to participate or not.** Fifth grade Family Life instruction will begin Monday, March 29, 2010, with your child’s fifth grade teacher as the trained instructor.

-----Return by Monday, March 22, 2010-----

- YES, I want my child to participate in the Family Life Class.

- NO, I do not want my child to participate in the Family Life Class. I understand my child will be assigned other learning activities/course work.

Student’s Name

Parent’s Signature

Date:_____